

FILED SEP 12 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 night (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon **61**
(c) City or town Macon **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 312 Missouri St **2**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1946 hour 8:30 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from August 1st 1946 to August 2nd 1946
that I last saw her alive on Aug 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death gestation - about 6 mo.
Due to _____
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 159
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Whitesville, Mo. Date signed 8/3/46

3. (a) PRINT FULL NAME Buckley, Frances June **1st**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	hr. _____ min. _____

9. Birthplace: Kirksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Paul Buckley

13. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Jane Clarkson

15. Birthplace Macon Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Buckley

(b) Address Macon Mo

17. (a) Removal (b) Date thereof Aug 2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cem

18. (a) Signature of funeral director Delbert Skene

(b) Address Macon Mo

19. (a) 9-3-46 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number *9-46-176*
Date Filed **SEP 11 1946**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed *Albert Skinner*.....

Licensed Embalmer No. *757*.....

P. O. Address *Macon Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.